

RESCUE CARE

Membership Coverage from July 1, 2025 – June 30, 2026

No one should hesitate to call an ambulance during an emergency. When seconds count, the care you receive may save your life. If you are worried about the potential cost of ambulance service, give yourself and your family peace of mind with the Rescue Care program from the Whitefish Fire Department.

Rescue Care protects your entire household from unexpected bills for ambulance transport provided by the Whitefish Fire Department in and around the City of Whitefish. If you do need to call an ambulance, Rescue Care bills your insurance, and the amount insurance pays is considered payment in full.

The Rescue Care program with the Whitefish Fire Department runs annually from July through June. You can become a member of Rescue Care anytime during the year and the fee is the same regardless of when you enroll. All memberships will start July 1 and expire the following June 30.

When you invest in Rescue Care, your dollars stay in Whitefish and support the Whitefish Fire Department's comprehensive emergency fire and medical response system. Your participation in the Rescue Care program saves lives by providing advanced medical training and lifesaving equipment for first responders.

Annual Rescue Care membership is only **\$59 per household for Whitefish residents** (inside City limits) or **\$185 per household for Flathead County residents** living outside of Whitefish City limits but still within the Whitefish Ambulance service area.

Rescue Care is an exclusive program of the Whitefish Fire Department.

Rescue Care membership does **not** cover ambulance transport outside of the Whitefish ambulance response area or transport by other emergency agencies.



For more information about Rescue Care, call the Whitefish Fire Department at (406) 863-2490, email rescuecare@cityofwhitefish.gov or visit cityofwhitefish.gov/247/rescue-care.



Household membership in Rescue Care includes all persons who are permanent residents of the same single-family (non-commercial) dwelling within the City of Whitefish's Ambulance service area. Membership includes household members living in substitute care, as at The Springs at Whitefish or Mountain View Health & Rehabilitation.

The following agreement terms apply to all members of Rescue Care:

- Rescue Care is sponsored by the City of Whitefish (hereby referred to as City) and is a voluntary program that provides ambulance service to household members for a fee of only \$59.00 per year for City residents and property owners or \$185.00 per year for residents outside of City limits and living within the Whitefish Ambulance service area of Flathead County. Coverage begins upon acceptance of the application by the City and receipt of the appropriate membership fee. Rescue Care runs annually July 1 through June 30. All memberships expire annually on June 30, regardless of enrollment date. The flat-rate fee is not pro-rated and is the same regardless of when you enroll. There will be no refunds if coverage is cancelled prior to expiration date. Membership is nontransferable and is non-refundable.
- Membership in Rescue Care covers applicable patient out-of-pocket expenses for medically necessary emergency and certain non-emergency ambulance care within the Whitefish ambulance service area. The Whitefish Ambulance service area includes the City of Whitefish and an area slightly larger than the Whitefish Fire Service Area. Non-emergency ambulance services must be pre-approved and must be medically necessary.
- In addition to payment of an annual fee, members are required to assign to the City all of their rights and benefits for ambulance service from all insurance policies, plans or other programs that they may have, including all rights in any claim or third-party recovery, up to but not exceeding the total dollar amount of ambulance services incurred, where ambulance services were provided by the City. If any person covered under Rescue Care receives any payment for ambulance services provided by the City, that person must immediately send such payment to the City. In addition, Rescue Care members authorize the release of medical and other information by or to the City as necessary for appropriate ambulance billing.
- In dealing with a member's insurance company, members authorize a copy of this agreement to be used instead of the original agreement. Members also assign and authorize payment of benefits for ambulance services directly to the City, according to the terms of the Rescue Care agreement and as itemized on appropriate claim forms. A member's annual membership fee covers any applicable deductible, co-insurance, or other co-payment amounts and a member directs that the usual and customary ambulance reimbursement from the member's insurance company be sent directly to the City.
- The City is entitled to bill a member's insurance or other coverage for ambulance service that the City provides, and the City is entitled to recover from such insurance company or other coverage all benefits paid for ambulance services, up to the total amount of services provided. Rescue Care members agree to cooperate and assist the City as necessary in any effort to bill and collect reimbursement from their insurance company, including the completion of appropriate claim forms. Members are also required to provide the City with all information requested concerning their insurance policies, plans or other benefit programs they have as well as any third-party recovery. In the event of a change in insurance information, the member agrees to notify the City immediately of such change.
- A member's Rescue Care coverage extends to all household members who are permanent residents of the same single family non-commercial dwelling within the Whitefish Ambulance service area who are living together as a family unit. Membership excludes roomers and boarders. Membership benefits also extend to include household members living in nursing homes or other substitute care facilities in the Whitefish Ambulance service area. Individuals not included in a household membership are required to obtain their own membership. Coverage does not entitle a member to be picked up or transported outside of the Whitefish Ambulance service area and does not cover transport with another agency's ambulance.
- The first person listed on an application form is termed the "Primary Member." Someone joining a household after the membership takes effect can be included under the membership from the date that the "Primary Member" notifies Whitefish Fire Department of the new household member. To be eligible for Rescue Care benefits, a person must meet the eligibility requirements and be listed in the membership records at the time that ambulance services are provided.
- With reasonable notice to the Rescue Care members, the City reserves the right to modify, delete, add to, or otherwise alter the program's terms and conditions. The City shall, in its sole discretion, be entitled to interpret membership terms and conditions. A violation of the terms of this agreement may result in a membership revocation, forfeiture of benefits of membership, and an obligation to pay all balances in full. Persons receiving welfare or Medicaid need not be members of Rescue Care to have full coverage for services covered by Rescue Care.

What is **not included** in Membership:

- Payment for ambulance services that originate outside of the Whitefish's Ambulance service area and / or from another agency providing medical services and transport.
- Ambulance transport for friends, family, or contractors visiting your home and those not listed on the enrollment form.
- Non-medically necessary ambulance transport.



Rescue Care Application

Annual membership is **\$59** for Households Inside City Limits or **\$185** for Households Outside City Limits and within Whitefish Ambulance service area

Membership for Coverage from **July 1, 2025** through **June 30, 2026**

Whitefish Street Address: _____

Email Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Please list all the members of your household.

*Dates of Birth are **not required** for renewals.*

	First	Last	Date of Birth (mm/dd/yyyy)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

A household membership in Rescue Care includes all persons who are permanent residents of the same single-family (non-commercial) dwelling within the City of Whitefish's Ambulance service area, living together as part of a family unit, but excluding roommates or boarders. Membership also includes household members currently living in substitute care.

A signature on this application constitutes your acceptance of terms of agreement for Rescue Care membership.

Signature: _____ Date: _____

Your payment (\$59.00 inside City limits / \$185.00 outside City limits) must accompany this application.

If paying by check, please make payable to City of Whitefish.

Mail or bring completed form and payment to: Whitefish Fire Dept. Rescue Care
Mailing Address: P.O. Box 158
Physical Address: 275 Flathead Avenue, Second Floor
Whitefish, MT 59937

Applications and credit card payments will also be accepted at City Hall, located at 418 E 2nd St in downtown Whitefish. Please note credit card payments will also incur a 3% fee.